

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09 / 673992

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		4					57						
8		4					58						
9		1					59						
10		①					60						
11		1					61						
12		①					62						
13		1					63						
14		1					64						
15		1					65						
16		①					66						
17		1					67						
18		①					68						
19		1					69						
20		①					70						
21		1					71						
22		①					72						
23		1					73						
24		1					74						
25		1					75						
26		①					76						
27		①					77						
28		1					78						
29		①					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36	1						86						
37		1					87						
38		2					88						
39		①					89						
40		①					90						
41		①					91						
42		①					92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
51	2						TOTAL IND.						
52	47						TOTAL DEP.						
53	49						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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